

UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency
Little Rock, Arkansas 72201

AR Notice PM-452

For: All Offices

Leave Transfer Program

Approved by: State Executive Director



1 Overview

A Purpose

The purpose of this notice is to transmit information regarding out-of-state Leave Transfer Recipients.

B Contact

If you need additional information, please contact Barbara Dehnert at (501) 301-3019 or email Barbara.Dehnert@ar.usda.gov

2 Action

A County Office Action

The County office shall post the attached information on the bulletin board or other prominent place in the office. Please note there is 1 CO & 1 GS Leave Share Recipient.

B Donor Action

The donor shall:

- complete AD-1043 to donate leave
- provide AD-1043 to First Line Supervisor (normal leave Approving Official) for approval.

Note: GS employees cannot donate to CO employees and vice versa.

C Timekeeper Action

The timekeeper shall:

- forward AD-1043 to person listed in original notice
- provide copy of AD-1043 to donor's T&A clerk
- provide copy of AD-1043 to Administrative Division, Attn: Barbara Dehnert.

Disposal Date	Distribution
September 30, 2003 04-01-03	FSA Offices



United States
Department of
Agriculture

Farm
Service
Agency

North Carolina State FSA Office
4407 Bland Road, Suite 175
Raleigh, North Carolina 27609-6296

To: Doug Frago
DAFO

Date: March 20, 2003

From: Keith H. Weatherly
State Executive Director

In Reply Refer to:

Subject: Leave Share Recipient - Dennis Tinnin

The subject employee is currently an approved leave recipient under the Leave Transfer Program.

Mr. Tinnin sustained serious injuries in an automobile accident and has exhausted all of his leave.

We would like to assist Mr. Tinnin by providing this information to FSA County Offices. Please forward the memorandum along with the attached AD1043 to all states.

Your assistance will be sincerely appreciated.

LEAVE TRANSFER PROGRAM - DONOR APPLICATION	FOR PERSONNEL USE ONLY: CASE NUMBER
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INSTRUCTIONS: Use this form to request the transfer of earned annual leave to an approved leave recipient under F.L.100-58. You may not transfer leave to your immediate supervisor. After completion, forward it to the office in your agency designated to approve leave donations.

PART I - COMPLETED BY DONOR

1. NAME OF DONOR (Last, First, Middle Initial)		2. POSITION TITLE	
3. SOCIAL SECURITY NUMBER	4. SENIORITY GRADE OR PAY LEVEL	5. ORGANIZATIONAL TITLE (Agency, Division, Branch, Section)	
6. OFFICE ADDRESS			7. OFFICE TELEPHONE NO.
8. NAME OF TIMEKEEPER	9. TELEPHONE NO. OF TIMEKEEPER	10. OFFICE ADDRESS OF TIMEKEEPER	

INSTRUCTIONS: Please review the information below. You may not transfer more than 1/2 the annual leave you will earn during this calendar year unless a waiver is approved. To request a waiver, you must attach a statement as to why your situation is unusual.

If you will be employed full-time by the federal government for the full calendar year, the limits are as follows:

- 52 hours for employees in the 4-hour leave earning category.
- 76 hours for employees in the 6-hour leave earning category, or
- 104 hours for employees in the 8-hour leave earning category.

If you are a part-time employee or if you will not be employed for the full calendar year, you may compute your transfer limit using the appropriate formula below:

Limit for part-time employee = $13 \times \frac{\text{Duty hours in Pay Period}}{80} \times \text{leave earning category}$

Limit for part-year employee = $\frac{\text{Number of Pay Periods to be worked}}{2} \times \text{leave earning category}$

11. NUMBER OF HOURS OF ANNUAL LEAVE TO BE TRANSFERRED	12. NAME OF RECIPIENT Dennis Tinnin	13. CASE NUMBER NC-2003-001	14. SOCIAL SECURITY NUMBER OF RECIPIENT (if known) 237-76-4294
15. ORGANIZATIONAL LOCATION OF RECIPIENT (Agency, Division, Branch, Section) USDA FARM SERVICE AGENCY		16. OFFICE ADDRESS OF RECIPIENT 1450 FAIRCHILD ROAD WINSTON SALEM, NC 27105-4599	
17. NAME OF LEAVE SHARE COORDINATOR CYNTHIA COOK	18. TELEPHONE NO. OF LEAVE SHARE COORDINATOR (919) 875-4815	19. OFFICE ADDRESS OF LEAVE SHARE COORDINATOR 4407 BLAND ROAD SUITE 175 RALEIGH, NC 27609	

CERTIFICATION OF VOLUNTARY DONATION: I certify that I am making this donation entirely of my own free will and that no attempts have been made to coerce me to donate annual leave. I understand that except for any leave unused by the recipient, I have no right under any circumstances (including a medical emergency of my own) to have any of the donated leave restored.

SIGNATURE OF DONOR	DATE
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PART II. AGENCY REVIEW AND APPROVAL

1. CURRENT ANNUAL LEAVE (in hours)	AS OF PAY PERIOD NUMBER	2. ANNUAL LEAVE CATEGORY PER PAY PERIOD
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APPLICATION APPROVED:

- ☐ Yes (This application meets all criteria required for annual leave transfer by law, regulation and Department policy. Transferred leave may be credited to the recipient's account effective Pay Period Number: _____)
- ☐ No (state reason for disapproval):

SIGNATURE OF APPROVING OR DISAPPROVING OFFICIAL	TITLE	OFFICE TELEPHONE NO.	DATE
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PRIVACY ACT STATEMENT

5 U.S.C. 5511 authorizes collection of this information. Your social security number is requested solely for the purpose of positively identifying leave donors so that donated leave can be deducted from the proper account. Although the disclosure of this information is voluntary, failure to furnish this information may result in disapproval of this application.



United States
Department of
Agriculture

Farm and Foreign
Agricultural
Services

Farm Service
Agency

Louisiana State
FSA Office
3737 Government St
Alexandria, LA
71302-3385

DATE: March 25, 2003

TO: Director, DAFO

FROM: Willie F. Cooper
State Executive Director
Louisiana State FSA Office

A handwritten signature in black ink, appearing to read "Willie F. Cooper".

SUBJECT: Leave Share Recipient -- Cherie McQuillin,

The subject Federal employee has requested and has been approved as a leave recipient under the Leave Transfer Program in accordance with Paragraph 242A of Handbook 17-PM.

Ms. McQuillin had a hysterectomy on March 19, 2003, and will require at least six weeks to recover. We wish to assist Ms. McQuillin by providing this information to FSA Federal employees in other states. Please forward the attached AD-1043 to all applicable states.

Your assistance in this matter will be greatly appreciated.

Attachment

FOR PERSONNEL USE ONLY:

CASE NUMBER

LA-03-0001

LEAVE TRANSFER PROGRAM - DONOR APPLICATION

INSTRUCTIONS: Use this form to request the transfer of earned annual leave to an approved leave recipient under P.L. 100-586. You may not transfer leave to your immediate supervisor. After completion, forward it to the office in your agency designated to approve leave donations.

PART I - COMPLETED BY DONOR

1. NAME OF DONOR (Last, First, Middle Initial)		2. POSITION TITLE
3. SOCIAL SECURITY NUMBER	4. SERIES, GRADE, OR PAY LEVEL	5. ORGANIZATIONAL TITLE (Agency, Division, Branch Section)
6. OFFICE ADDRESS		7. OFFICE TELEPHONE NO.
8. NAME OF TIMEKEEPER	9. TELEPHONE NO. OF TIMEKEEPER	10. OFFICE ADDRESS OF TIMEKEEPER

INSTRUCTIONS: Please review the information below. You may not transfer more than 1/2 of the annual leave you will earn during this calendar year unless a waiver is approved. To request a waiver, you must attach a statement as to why your situation is unusual.

If you will be employed full-time by the federal government for the full calendar year, the limits are as follows:

- 52 hours for employees in the 4-hour leave earning category.
- 78 hours for employees in the 6-hour leave earning category, or
- 104 hours for employees in the 8-hour leave earning category.

If you are a part-time employee or if you will not be employed for the full calendar year, you may compute your transfer limit using the appropriate formula below:

• Limit for part-time employee = $13 \times \frac{\text{Duty hours in Pay Period}}{80} \times \text{leave earning category}$

• Limit for part-year employee = $\frac{\text{Number of Pay Periods to be worked}}{2} \times \text{leave earning category}$

11. NUMBER OF HOURS OF ANNUAL LEAVE TO BE TRANSFERRED	12. NAME OF RECIPIENT Cherie McQuillin	13. CASE NUMBER	14. SOCIAL SECURITY NUMBER OF RECIPIENT (if known) 438-57-9085
15. ORGANIZATIONAL LOCATION OF RECIPIENT (Agency, Division, Branch, Section) USDA/Farm Service Agency/Louisiana State Office		16. OFFICE ADDRESS OF RECIPIENT 3737 Government Street, Alexandria	
17. NAME OF LEAVE SHARE COORDINATOR Gloria Parrino	18. TELEPHONE NO. OF LEAVE SHARE COORDINATOR 318-473-7727	19. OFFICE ADDRESS OF LEAVE SHARE COORDINATOR 3737 Government Street, Alexandria	

CERTIFICATION OF VOLUNTARY DONATION: I certify that I am making this donation entirely of my own free will and that no attempts have been made to coerce me to donate annual leave. I understand that except for any leave unused by the recipient, I have no right under my circumstances (including a medical emergency of my own) to have any of the donated leave restored.

SIGNATURE OF DONOR	DATE
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PART II - AGENCY REVIEW AND APPROVAL

1. CURRENT ANNUAL LEAVE BALANCE (in hours)	AS OF PAY PERIOD NUMBER	2. ANNUAL LEAVE CATEGORY PER PAY PERIOD
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APPLICATION APPROVED:

☐ YES (This application meets all criteria required for annual leave transfer by law, regulation and Department policy. Transferred leave may be credited to the recipient's account effective Pay Period Number):

☐ NO (state reason for disapproval):

SIGNATURE OF APPROVING OR DISAPPROVING OFFICIAL	TITLE	OFFICE TELEPHONE NO.	DATE
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PRIVACY ACT STATEMENT

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Electronic version designed using WordPerfect for Windows 6.0 (USDA-CFSA)

AD-1043
(Rev. 4/89)